

## **Request for Assessment Review**

*December 8, 2000*

*Amended September 13, 2006*

According to Chapter 70 of the Wisconsin Statutes, the statutory assessment date is January 1. If a property owner feels their assessment is inequitable, they may request an assessment review. A Request for Assessment Review form must be submitted to the Assessment Office by January 1 of the current assessment year. If an assessment change is made, a notification will be mailed to the property owner at least 15 days prior to the scheduled Board of Review. The Board of Review is generally held in May.

If, due to special circumstances, the Request for Assessment Review is filed after January 1, every effort will be made to review the assessment for the current year. If it is not possible to process the request for the current year, it will be held and processed the following year.



## Request For Review of Property Assessment

To be eligible for review, this form must be fully completed and filed by  
**January 1** of the current assessment year.

Tax Key Number \_\_\_\_\_ Property Address \_\_\_\_\_

Request Made By \_\_\_\_\_

Owner \_\_\_\_\_ Other\* \_\_\_\_\_

(\*If other, please attach authorization for request)

In your opinion, what is the fair market value of the property as of January 1<sup>st</sup>? \_\_\_\_\_

When and how was the property acquired? Month \_\_\_\_\_ Year \_\_\_\_\_

Purchased \_\_\_\_\_ Trade \_\_\_\_\_ Gift/Inheritance \_\_\_\_\_ Other\* \_\_\_\_\_

\*Describe \_\_\_\_\_

If purchased, what was the total purchase price? \_\_\_\_\_

Have you or a tenant of yours improved, remodeled, added to or changed the property since acquiring it? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe changes \_\_\_\_\_

When were changes made? \_\_\_\_\_ Cost of changes? \_\_\_\_\_

Does the above figure include the value of all labor, including your own, if any?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you listed the property for sale, within the last three years? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
(\*If yes, please provide a copy of the listing sheet)

If so, when and how long was the property listed? \_\_\_\_\_

Realty Company/Name \_\_\_\_\_ For sale by owner \_\_\_\_\_

What was the asking price? \_\_\_\_\_ Offers received \$ \_\_\_\_\_, \$ \_\_\_\_\_

Has an appraisal been made of the property within the last two years? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
(\*If yes, attach copy)

If so, when and for what purpose? \_\_\_\_\_ Appraised Value \$ \_\_\_\_\_

Are there any specific items you wish to call to the appraiser's attention during his/her inspection of the property? \_\_\_\_\_

Is part or all of the property currently leased or rented? Yes\* \_\_\_\_\_ No \_\_\_\_\_  
(\*If yes, please provide a copy of your current rent roll and copies of your Income & Expense Statements for the past year)

Objection to the above assessment is made for the following reason: \_\_\_\_\_



I wish to request a review of the property assessment listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

After completing this form, please mail or deliver it to our office by **January 1** of the current assessment year. We will contact you to arrange an appointment to make a physical inspection of your property. This inspection enables our office to gather the necessary data to facilitate the review. Upon completion of the physical inspection, a review of your assessment will be conducted. You will be notified by mail as to the results of your review if there is an assessment adjustment.

A sincere effort will be made to ensure that your assessment will be fair and equitable for the coming year. Your cooperation and patience in this matter is much appreciated.

### FOR OFFICE USE ONLY

Date Received \_\_\_\_\_ Review Date \_\_\_\_\_

#### Assessment Contested

Land \_\_\_\_\_

Improvement \_\_\_\_\_

Total \_\_\_\_\_

#### Value Determination

Land \_\_\_\_\_

Improvement \_\_\_\_\_

Total \_\_\_\_\_

Comments: \_\_\_\_\_

Review Completed By: \_\_\_\_\_

OFFICE OF THE  
ASSESSOR

CITY HALL  
828 CENTER AVE.  
SHEBOYGAN, WI  
53081

920/459-3388  
FAX 920/459-0298